

# **EXHIBIT Q**



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

RUE 18 394

Marshall E. Kelley  
 Director of Medicaid  
 Agency for Health Care  
 Administration  
 1317 Winewood Boulevard  
 Building B, Room 233  
 Tallahassee, Florida 32399-0700

Dear Mr. Kelley,

The Office of Inspector General (OIG), at the request of the Health Care Financing Administration (HCFA), is conducting a nationwide review of pharmacy acquisition cost for drugs reimbursed under the Medicaid program. The objective of the review is to develop a nationwide estimate of the difference between the actual acquisition cost of drugs and the average wholesale price. The purpose of this letter is to request your assistance in the performance of this review.

Your State was 1 of 11 States randomly selected for this review. Additionally, we have randomly selected 60 pharmacies in your State from which we will request invoices. The sample selected is comprised of 12 pharmacies from each of 5 categories; (1) urban-independent, (2) urban-chain, (3) rural-independent, (4) rural-chain, and (5) non-traditional pharmacies such as nursing homes, hospitals, home IV, etc.

On August 30-31, 1994, we met with Susan McLeod of your staff, as well as Medicaid pharmacy program representatives from other States in the review, to develop a strategy for accomplishing this review. At the meeting, we drafted a standard letter to be sent to the pharmacies detailing our request for information. Your State has already provided a listing of the Medicaid pharmacy providers from which the sample of pharmacies was selected. Additionally, we are planning another meeting, in which we would like your staff's participation, after the review is completed to discuss the presentation of the results.

We are asking that you assist us in sending letters to the selected pharmacies in your State. As we discussed at our conference in August, we prefer that the letters be sent on your State letterhead. We have enclosed a copy of the standard letter (Enclosure A), the names and addresses of the selected pharmacies (Enclosure B), a Pharmacy Information Form (Enclosure C), and return envelopes for use by the pharmacies. An electronic copy of the letter and the pharmacy addresses in wordperfect format is also included.

EXHIBIT

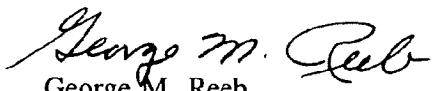
81

6/24/08 - JChesser

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Please contact Bill Shrigley or Paul Chesser at 1-800-527-8323 if you have any questions or comments. Bill and Paul will also be glad to assist you in sending the letters to the pharmacies. Your cooperation in this matter will be greatly appreciated.

Sincerely yours,

  
George M. Reeb  
Assistant Inspector General  
for Health Care Financing Audits

Enclosures

cc: Susan McLeod  
Pharmacy Program Manager

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cc:

OAS Reading File

HCF Audits Control File

HCF Audits Auditor's Copy

HCF Audits Central File: \_\_\_\_\_

Suspense List: \_\_\_\_\_ Recorded By: \_\_\_\_\_

PROOFED: \_\_\_\_\_

B.JACKSON:nc:11/18/94

C:ST\_LTTR.FL

Enclosure A

(State Agency Letterhead)

Dear Pharmacy Provider:

At the request of the Health Care Financing Administration (HCFA), Florida is participating with the Office of Inspector General (OIG) in conducting a nationwide review of drug acquisition costs of Medicaid pharmacy providers. Florida is 1 of 11 States selected as part of the review.

Your pharmacy is 1 of 60 pharmacies randomly selected from Florida to participate in this review. The sample selection reflects different categories of pharmacies including rural, urban, chain, independent, and others.

In order to ensure the validity of this study, the OIG requires that you provide the following information:

- o A copy of the largest invoice for (Insert Month) of 1994 from each source of supply. The largest invoice is defined as the invoice with the largest number of legend drug line items. Sources of supply include wholesalers, chain warehouse distribution centers, generic distributors, and direct manufacturer purchases.
- o A copy of the billing statement for the corresponding invoice from each source of supply.
- o A completed information form (enclosed).

Please be assured that the information you provide will be kept confidential and will be strictly used for the purposes of this review. As part of the OIG's quality assurance program, your information may be subject to an on-site review.

The completed information should be returned to the OIG in the enclosed pre-addressed stamped envelope no later than 15 days from the date of this letter. We appreciate your cooperation in this matter. Should you have any questions regarding our request, please contact William Shrigley or Paul Chessier of the OIG at 1-800-527-8323.

Sincerely,

(State Agency Official)

Enclosure

Enclosure A

Enclosure C

**Confidential**

## **Pharmacy Information Form**

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Type of Pharmacy (Check Appropriate Block(s))

Independent Retail Pharmacy	<input type="checkbox"/>
Chain (four or more stores) Pharmacy	<input type="checkbox"/>
Other:	
Nursing Home Pharmacy	<input type="checkbox"/>
Hospital Outpatient Pharmacy	<input type="checkbox"/>
Home I.V. Pharmacy	<input type="checkbox"/>
Mail Order Pharmacy	<input type="checkbox"/>
County Public Health Unit Pharmacy	<input type="checkbox"/>
Public Health Entity	<input type="checkbox"/>

Enclosure B  
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URBAN - INDEPENDENT

BROWN PHARMACY 312 WEST 8TH STREET JACKSONVILLE, FL 32206	April
X-TRA DISCOUNT DRUGS C/O ALLEN MEDICAL SVCS., INC 5540 GALL BLVD. ZEPHYRHILLS, FL 34248	May
TRAFFORD DRUGS INC DBA/MCLENDON DRUGS 400 NORTH 15TH ST. IMMOKALEE, FL 33934	June
MUSE DRUG CORP D/B/A LUDLUM DRUGS 1601 S W 67 AVE WEST MIAMI, FL 33155	July
HUBER DRUGS P O BOX 1630 331 E ATLANTIC AVE DELRAY BEACH, FL 33444	August
JUSTA FARMACIA 3436 SW 8TH ST MIAMI, FL 33135	September
SAVE MORE DRUGS SUITE 1191 745 ORIENTA AVENUE ALTAMONTE SPRINGS, FL 32701	January
PEPE'S PHARMACY INC 10845 SW 40TH ST MIAMI, FL 33165	February
MARSHALLS PHARMACY 741 MONTROSE STREET FL CLERMONT, FL 32711	March
FARMACIA FINA INC. NAVARRO ANGEL RAFAEL, PREST. 1000 E. 4 AVE. HIALEAH, FL 33010	April
CHARLIES DRUGS 12420 PALM BEACH BLVD FORT MYERS, FL 33905	May
FIFTH AVENUE PHARMACY 401 W. ATLANTIC AVE DELRAY BEACH, FL 33444	June

Enclosure B  
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URBAN - CHAIN

WALGREENS #02091 #164 7800 HIGHWAY 17-92 FERN PARK, FL 32790	July
PUBlix PHARMACY #7365 CENTER OF BONITA SPRINGS 3306 BONITA BEACH RD BONITA SPRINGS, FL 33923	August
WALGREENS #00933 1149 APALACHEE PARKWAY TALLAHASSEE, FL 32301	September
WAL-MART PHARMACY 10-1444 9119 MERRILL SUITE 50 JACKSONVILLE, FL 32211	January
WALGREENS #02394 1527 N. SINGLETON AVE. TITUSVILLE, FL 32796	February
KMART PHARMACY #4723 1650 AIRPORT BLVD. PENSACOLA, FL 32504	March
KASH N KARRY #892 FLORIDA FOOD DIV-LUCKY 5320 ENRLICH RD TAMPA, FL 33624	April
ECKERD DRUGS #2652 5402 CENTRAL FL. PKWY. ORLANDO, FL 32821	May
ECKERD DRUGS #48 1733 N. DALE MABRY HWY TAMPA, FL 33607	June
ECKERD DRUGS #137 3530 WEST DAVID BLVD FT. LAUDERDALE, FL 33312	July
ECKERD DRUGS #2100 3345 U.S. HWY 441 FRUITLAND, FL 32731	August
WALGREENS #01006 260 E. EAU GALLIE BLVD INDIAN HARBOUR, FL 32937	September

Enclosure B  
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RURAL - INDEPENDENT

COBO PHARMACY 937 FLEMING STREET KEY WEST, FL 33040	January
GILBERT DRUGS 301 S CIRCLE SEBRING, FL 33870	February
GOLDEN PHARMACY, INC. 218 NORTH MAIN STREET BLOUNTSTOWN, FL 32424	March
JACKSON DRUG STORE 166 DOGWOOD STREET MONTICELLO, FL 32344	April
CARRABELLE MEDICAL PHARMACY 206 S. MERIDAN ST. CARRABELLE, FL 32322	May
FISHER PHCY 12 BALDWIN AVENUE PO BOX 169 DEFUNIAK SPRINGS, FL 32433	June
PERKINS CLINIC PHARMACY 2300 5TH AVE. VERO BEACH, FL 32960	July
BAY STREET PHARMACY 7746 BAY STREET, BOX 368 ROSELAND, FL 32957	August
THE APOTHECARY VILLAGE SQUARE HWY 136A DOWLING PARK, FL 32060	September
HEARTLAND PHARMACY 6801 US HWY 27 NORTH SEBRING, FL 33872	January
PARAMORE'S PHARMACY 4314 5TH AVENUE MARIANNA, FL 32446	February
LAKE PLACID DRUG CO., INC. 208 E INTERLAKE BLVD LAKE PLACID, FL 33852	March
JACKSONS DRUG STORE 607 GRAND ST. GREENVILLE, FL 32331	April

Enclosure B  
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## RURAL - CHAIN

RITE AID OF FLA. #2030 839 PINEWOOD DRIVE S.W. LIVE OAK, FL 32060-4495	May
WAL-MART #10-1205 1160 S. 6TH ST MACCLENNY, FL 32063	June
CITY DRUGS-CHIPLEY 400 SOUTH BLVD., WEST CHIPLEY, FL 32428	July
WAL-MART #10-0811 FL. HWY 70 EAST & TURNER ARCADIA, FL 33821	August
WALGREENS #01547 13415 U.S. 1 ROSELAND(SEBASTIAN) SEBASTIAN, FL 32958	September
WALGREENS 02777 2805 NORTH ROOSEVELT BLVD. KEY WEST, FL 33040	January
RITE AID PHARMACY # 3433 LAKE GROVE SHOPPING CENTER 919 N. SUMMIT HWY # 17 CRESCENT CITY, FL 32112	February
RITE AID PHARMACY # 899 CENTENNIAL SQ S/C 412 E. NOBLE AVE. WILLISTON, FL 32696	March
PUBLIX PHARMACY # 7475 2685 N. FOREST RIDGE BLVD. HERNANDO, FL 34442	April
ECKERD DRUGS #258 1405 E. OAK STREET ARCADIA, FL 33821	May
WALGREENS #01018 4546 S SUNCOAST BLVD HOMASASSA SPRINGS, FL 32646	June
KASH N KARRY #702 1651 S.E. HIGHWAY 19 CRYSTAL RIVER, FL 32629	July

Enclosure B  
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OTHER

MANATEE CO HLTH DEPT  
410 6TH AVE EAST  
(PHARMACY)  
BRADENTON, FL 34208

ROCHE PROFESSIONAL SERVICE  
1000 PARK CENTRE BLVD.  
SUITE 128  
MIAMI, FL 33169

GARDENS I.V. ASSOC., INC.  
11211 PROSPERITY FARMS ROAD  
SUITE C-211  
PALM BEACH GARDENS, FL 33410

OWEN HEALTHCARE, INC.  
3600 SOUTH HIGHLANDS AVE.  
SEBRING, FL 33870

METHODIST REGIONAL PHARMACY  
580 WEST 8TH ST.  
JACKSONVILLE, FL 32209

CORAL MEDICAL EQUIPMENT SP  
89015 OVERSEAS HIGHWAY  
SUITE 3  
TAVERNIER, FL 33070

APOPKA FAMILY HEALTH CTR PHARMACY  
225 EAST 7TH STREET  
(VETRANS HEALTH CARE ACT)  
APOPKA, FL 32703

UNI-SCRIPT PHARMACEUTICAL  
SYSTEM C  
1145 S. TAMiami TRAIL  
SARASOTA, FL 34237

PALM BCH CNTY HEALTH CARE DISTRICT  
110 NORTH "F" ST  
LAKE WORTH, FL 33460

PALM BCH CNTY HEALTH CARE DISTRICT  
PBC COMMUNITI PHARMACY  
38754 STATE ROAD 80  
BELLE GLADE, FL 33430

HRS CENTRAL PHARMACY  
2818 MAHAN DRIVE  
TALLAHASSEE, FL 32308-5410

UNI-SCRIPT PHARMACEUTICAL  
THE MEDICINE SHOPPE  
3931 CENTRAL AVE  
ST PETERSBURG, FL 33713